**Sign up sheet**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Attendee:**  | Name:  |  |
| Phone:  |  |
| Email address:  |  |
|  | Group Interest: |  |
|  | Postcode (minimum)Address (preferable): |  |
|  | Nationality: |  |
|  | Gender: |  |
|  | Date of Birth: |  |
|  | Emergency Contact: |  |
|  | Emergency Contact Phone: |  |
|  | Medical Notes: |  |
|  | Known to secondary services (CMHT) | Yes/No |
| **If Applicable Referred by:**  | Name:  |   |
| Phone: Email: |   |
| Organisation  |   |

Take Off Peer Worker:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed GDPR (tick) [ ]  Signed Media consent (tick) [ ]

Boundaries leaflet (tick) [ ]